

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:
IPEA/ _____

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		
International application No. PCT/EP2005/002975	International filing date (day/month/year) 21 March 2005	Applicant's or agent's file reference 060210wo HPJ/ko (Earliest) Priority date (day/month/year) 22 March 2004
Title of invention Method and test-kit for the detection and quantification of organisms		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Goldschmidt Gesellschaft mit beschränkter Haftung Goldschmidtstraße 100 45127 Essen DE		Telephone No.
		Facsimile No.
		Teleprinter No.
		Applicant's registration No. with the Office
State (that is, country) of nationality: DE	State (that is, country) of residence: DE	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Proteus S.A. 70, Allée Graham Bell Parc Georges Besse 30000 Nîmes FR		
State (that is, country) of nationality: FR	State (that is, country) of residence: FR	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Allef, Petra Nieberdingstraße 40 45147 Essen DE		
State (that is, country) of nationality: DE	State (that is, country) of residence: DE	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Continuation of Box No. II APPLICANT(S)*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Grüning, Burghard
 Walsau 11
 45134 Essen
 DE

State *(that is, country)* of nationality:
DEState *(that is, country)* of residence:
DEName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Ravot, Gilles
 34, Rue des Gerfauts
 30900 Nimes
 FR

State *(that is, country)* of nationality:
FRState *(that is, country)* of residence:
FRName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Wahler, Denis
 3, Impasse du Savignon
 30132 Caissargue
 FR

State *(that is, country)* of nationality:
FRState *(that is, country)* of residence:
FRName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:

Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCEThe following person is agent common representativeand has been appointed earlier and represents the applicant(s) also for international preliminary examination. is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked. is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: (Family name followed by given name; for a legal entity, full official designation.
The address must include postal code and name of country.)Jönsson, Hans-Peter
von Kreisler Selting Werner
Deichmannhaus am Dom
50667 Köln
DE

Telephone No.

02 21-91 65 20

Facsimile No.

02 21-13 42 97

Teleprinter No.

Agent's registration No. with the Office

 Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**

Statement concerning amendments:*

1. The applicant wishes the international preliminary examination to start on the basis of: the international application as originally filedthe description as originally filed as amended under Article 34the claims as originally filed as amended under Article 19 (together with any accompanying statement) as amended under Article 34the drawings as originally filed as amended under Article 342. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (This check-box may be marked only where the time limit under Article 19 has not yet expired.)* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ENGLISH.....

 which is the language in which the international application was filed. which is the language of a translation furnished for the purposes of international search. which is the language of publication of the international application. which is the language of the translation (to be) furnished for the purposes of international preliminary examination.**Box No. V ELECTION OF STATES**

The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT)

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

1. translation of international application	:	sheets	For International Preliminary Examining Authority use only
2. amendments under Article 34	:	sheets	received <input type="checkbox"/> not received <input type="checkbox"/>
3. copy (or, where required, translation) of amendments under Article 19	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
4. copy (or, where required, translation) of statement under Article 19	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
5. letter	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
6. other (specify)	:	sheets	<input type="checkbox"/> <input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

1. <input checked="" type="checkbox"/> fee calculation sheet	5. <input type="checkbox"/> statement explaining lack of signature
2. <input type="checkbox"/> original separate power of attorney	6. <input type="checkbox"/> sequence listing in computer readable form
3. <input type="checkbox"/> original general power of attorney	7. <input checked="" type="checkbox"/> other (specify): Reply to the Communication of the Search Authority
4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

Cologne, 20 January 2006

Dr. Hans-Peter Jönsson

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

The applicant has been informed accordingly.

4. The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No.	PCT/EP2005/002975	For International Preliminary Examining Authority use only
Applicant's or agent's file reference	060210wo HPJ/ko	Date stamp of the IPEA
Applicant Goldschmidt GmbH; Proteus S. A.		
CALCULATION OF PRESCRIBED FEES		
1. Preliminary examination fee	1530,00 EUR	P
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	129,00 EUR	H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	1659,00 EUR	TOTAL
MODE OF PAYMENT		
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):	
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (<i>This mode of payment may not be available at all IPEAs</i>)		
IPEA/ <u>EPA</u>		
Deposit Account No.: <u>2800 0007</u>		
Date: <u>20 January 2006</u>		
Name: <u>Dr. Hans-Peter Jönsson</u>		
Signature: <u>[Signature]</u>		